



Application Data Sheet

Application Information

Application number:: 10/706,275
Filing Date:: 11/13/03
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R??::
Number of CD disks::
Number of copies of CDs::
Sequence Submission::
Computer Readable Form (CRF)?::
Number of copies of CRF::
Title:: Vaccine
Attorney Docket Number:: 021989-000710US
Request for Early Publication:: No
Request for Non-Publication:: No
Suggested Drawing Figure::
Total Drawing Sheets::
Small Entity?:: No
Latin name::
Variety denomination name::
Petition included?:: No
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers One::
Secrecy Order in Parent Appl.: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given Name:: George
Middle Name:: H.
Family Name:: Lowell
Name Suffix::
City of Residence:: Montreal, Quebec
State or Province of Residence::
Country of Residence:: Canada
Street of Mailing Address:: 185 Eaton Crescent
City of Mailing Address:: Montreal, Quebec
State or Province of mailing address::
Country of mailing address:: Canada
Postal or Zip Code of mailing address:: H3X 3K4

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given Name:: Gregory
Middle Name:: L.
Family Name:: White
Name Suffix::
City of Residence:: Beaconsfield, Quebec
State or Province of Residence::
Country of Residence:: Canada
Street of Mailing Address:: 475 Coronet Avenue
City of Mailing Address:: Beaconsfield, Quebec
State or Province of mailing address::

Country of mailing address:: Canada
Postal or Zip Code of mailing address:: H91 1Z8

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Australia
Status:: Full Capacity
Given Name:: Michael
Middle Name:: R.
Family Name:: Batzloff
Name Suffix::
City of Residence:: Coopers Plains, Queensland
State or Province of Residence::
Country of Residence:: Australia
Street of Mailing Address:: 4 Atkins Close
City of Mailing Address:: Coopers Plains, Queensland
State or Province of mailing address::
Country of mailing address:: Australia
Postal or Zip Code of mailing address:: 4108

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given Name:: David
Middle Name:: S.
Family Name:: Burt
Name Suffix::
City of Residence:: Dollard Des Ormeaux, Quebec
State or Province of Residence::
Country of Residence:: Canada
Street of Mailing Address:: 23 Lesage Road
City of Mailing Address:: Dollard Des Ormeaux, Quebec

State or Province of mailing address::

Country of mailing address:: Canada

Postal or Zip Code of mailing address:: H3X 3KA

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Sweden

Status:: Full Capacity

Given Name:: Tomas

Middle Name:: B.

Family Name:: Leanderson

Name Suffix::

City of Residence:: Malmo

State or Province of Residence::

Country of Residence:: Sweden

Street of Mailing Address:: Salongsgatan 16B

City of Mailing Address:: Malmo

State or Province of mailing address::

Country of mailing address:: Sweden

Postal or Zip Code of mailing address:: SE-211 16

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Australia

Status:: Full Capacity

Given Name:: Michael

Middle Name:: F.

Family Name:: Good

Name Suffix::

City of Residence:: The Gap, Queensland

State or Province of Residence::

Country of Residence:: Australia

Street of Mailing Address:: 46 Weemala Street,

City of Mailing Address:: The Gap, Queensland
State or Province of mailing address::
Country of mailing address:: Australia
Postal or Zip Code of mailing address:: 4061

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

| | | |
|------------------------------|-------------------------|-----------------------|
| Representative Designation:: | Representative Number:: | Representative Name:: |
| Primary | 29,684 | Karen B. Dow |

Domestic Priority Information

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

Foreign Priority Information

Country:: Application number:: Filing Date::

Assignee Information

Assignee Name:: ID Biomedical Corporation of Quebec
Street of mailing address:: 7150 Frederick Banding #200
City of mailing address:: Ville St. Laurent
State or Province of mailing address:: Quebec
Country of mailing address:: Canada
Postal or Zip Code of mailing address:: PQC H45 2A1

Assignee Name:: The Council of the Queensland Institute of Medical Research

Street of mailing address:: Bancroft Center, 300 Herston Road
City of mailing address:: Herston
State or Province of mailing address:: Queensland
Country of mailing address:: Australia
Postal or Zip Code of mailing address:: 4006